

**DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF INCIDENTAL HOSPITALITY AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b).**

	PUBLIC EMPLOYEE INFORMATION
Name of non-elected public employee:	
Title/ Position	
Agency/ Department	
Agency address:	
Office phone:	
Office e-mail:	
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p>___ My attendance at an event will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; and</p> <p>___ A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more than \$50 related to the event.</p>
	EVENT ATTENDED
Describe the event that you will attend.	
Describe your participation in the event.	
Date, time and location of event.	
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	

Address of person or organization.	
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation within the Commonwealth:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i>
Meals:	<i>Breakfast, lunch, dinner, special events.</i>
Admission:	<i>Admission, tickets, etc.</i>
Other (please list):	<i>Refreshment, entertainment, materials, etc.</i>
Total:	
Employee signature:	
Date:	

SEE NEXT PAGE FOR DETERMINATION BY APPOINTING AUTHORITY

DETERMINATION BY APPOINTING AUTHORITY

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	
Title/ Position:	
Agency/ Department	
Agency Address:	
Office Phone:	
Office E-mail:	
Employee who filed the disclosure:	
	DETERMINATION
To give approval, check off both statements.	<p>Upon consideration of the facts disclosed by the employee above, I find that:</p> <p>___ The employee's attendance at the event will serve a legitimate public purpose i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND</p> <p>___ Such public purpose outweighs any special non-work related benefit to the employee or the person paying or waiving expenses related to the event.</p>
Reason that the employee's travel or attendance will serve a legitimate public purpose:	
Appointing Authority signature:	
Date:	

Attach additional pages if necessary.

The appointing authority should maintain the disclosure as a public record and give a copy of any signed determination to the employee.